

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

61388294

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		5				
7		5				
8		5				
9		5				
10	1					
11		1				
12		1				
13		3				
14		3				
15		3				
16		3				
17		3				
18		3				
19	1					
20		1				
21		1				
22		3				
23		3				
24		3				
25		3				
26		3				
27		1				
28		1				
29		1				
30		1				
31		1				
32		1				
33	1					
34		1				
35		3				
36		3				
37		3				
38		3				
39		3				
40		3				
41		3				
42			1			
43				1		
44				3		
45						
46						
47						
48						
49						
50						
TOTAL IND.	4	↓	2	↓		↓
TOTAL DEP.	25	↓	16	↓		↓
TOTAL CLAIMS	43		18			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS